

This is a **FILL-IN** format. Please do not handwrite any data on this form other than your signature.



**2016** FR-900Q Employer/Payor  
Withholding Tax – Quarterly Return



Taxpayer Identification Number

Fill in ☐ if FEIN  
Fill in ☐ if SSN

Account Number

Tax Period Ending (MMYY) Due Date

Fill in ☐ if final return

OFFICIAL USE ONLY  
Vendor ID#0002

Business name

Business mailing address 1

Business mailing address 2

City

State

Zip Code + 4

Telephone number of person to contact

1. DC income tax withheld  
this quarter on wages (W-2)

\$

2. DC income tax withheld  
this quarter on non-wage  
payments (1099)

\$

3. Adjustment from the  
previous quarter only  
Fill in circle if a minus

\$

4. Penalty-5% per month with  
a maximum of 25%

\$

5. Interest - 10% per year

\$

6. Total Amount Due

\$

Under penalties of law, I declare that, to the best of my knowledge, this return is correct.  
Declaration of paid preparer is based on the information available to the preparer.

Taxpayer's Signature

Title

Date

Preparer's PTIN

Preparer's Signature

Date

